

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14350

1769

FILED APR 16 1953
BIRTH NO. 22781 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1769

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 106 3703 No. Wayne	
3. NAME OF DECEASED (Type or Print) a. (First) Bobby b. (Middle) Joe c. (Last) Mace		4. DATE OF DEATH (Month) (Day) (Year) 3 30 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3/28/53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 If UNDER 1 YEAR: Months 1 Days 17 If UNDER 4 HRS. Min.
11a. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		11b. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bobby Mace		13b. MOTHER'S MAIDEN NAME Betty Barnes	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bobby Mace ADDRESS - 3703 North Wayne K.C. 16, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranial trauma and atelectasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 76 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 28, 1953 , to March 30, 1953 , that I last saw the deceased alive on March 30, 1953 , and that death occurred at 1:20 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title) MD		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 3-30-53			
24a. BURIAL CREMATION REMOVAL (Specify) Buried		24b. DATE 3/31/53	
24c. NAME OF CEMETERY OR CREMATORY East Slope Cemetery		24d. LOCATION (City, town, or county) (State) Platte County Mo.	
DATE REC'D BY LOCAL REG. 3-31-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS		ADDRESS (NORTH K. C. CHAPEL)	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

the missing

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No... 483..
working under my personal supervision..

Student John H. Kalsbeek.....
Signature of Student Embalmer

Signed Glen A. Hill.....

Licensed Embalmer No. 4586.....

P. O. Address K.C. 16. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.